

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	704	3-24
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	700	3/29
DRAFTING		

INDEX OF CLAIMS

Claim	File	Original	Date
1	✓	✓	7/24/48
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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SYMBOLS
 ✓ (Through numbers) Rejected
 - Allowed
 + Cancelled
 N Resubmitted
 I May-discount
 A Interference
 O Appeal
 O Objection

Claim	File	Original	Date
51			
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(LEFT INSIDE)

APPLICANTS

Form 35 U

Ver

ADDRESS

TITLE